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Attorney Docket No. 58600.8209.US00  
A.S.P.  
BPT



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
Certification under 37 CFR §1.10 (if applicable)

EL 889 536 443 US  
Express Mail Label Number

November 9, 2001  
Date of Deposit

I hereby certify that this Transmittal Letter, enclosed application and any other documents referred to as enclosed herein, are being deposited in an envelope with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR §1.10 on the date indicated above and addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Jennifer L. Mahoney  
(Print Name of Person Mailing Application)

(Signature of Person Mailing Application)

Transmittal of Utility Patent Application  
for Filing Under 37 CFR §1.53(b)

Box Patent Application  
Assistant Commissioner for Patents  
Washington, D.C. 20231



Sir:

Transmitted herewith for filing is a utility patent application by inventor Daria Mochly-Rosen, and entitled:

WEEVACK PEPTIDE COMPOSITION AND METHOD FOR PROTECTION AGAINST  
TISSUE DAMAGE DUE TO ISCHEMIA

1. Enclosed are:

- This Transmittal letter.
- One stamped, self-addressed postcard for PTO date stamp.
- Certificate of Express Mail.
- One utility patent application containing text pages 1-24 and
  - 4 Sheets of drawings.
- Declaration of inventorship (unsigned)
- Sequence listing printout, diskette, and matching declaration.

2. U.S. Priority

- This application claims the benefit of U.S. Provisional Application No. 60/247,830 filed November 10, 2000.
- Conditional Petition for Extension of Time: An Extension of Time is requested to provide for timely filing if required to establish copendency with the parent after all papers filed herewith have been considered.

3. Foreign Priority

- Priority of Application No. filed in on is claimed under 35 USC §119.
- A certified copy of this priority document is enclosed.

4. Fees

The filing fee has been calculated as shown below:

For:	(Col. 1) No. Filed	(Col. 2) No. Extra	Small Entity		or	Other Than a Small Entity	
			Rate	Fee		Rate	Fee
Basic Fee				\$370.00	or		\$740.00
Total Claims	26 - 20	6	x \$9 =	\$54.00	or	x \$ 18 =	\$
Independent Claims	2 - 3	0	x \$42 =	\$	or	x \$ 84 =	\$
<input type="checkbox"/> Multiple Dependent Claim Presented			+ \$140 =	\$	or	+ \$280 =	\$
*If the difference in Col. 1 is less than zero, enter "0" in Col. 2.			TOTAL	<b>\$424.00</b>	Or	TOTAL	\$

- Applicant claims small entity status. See 37 CFR §1.27
- Please charge Deposit Account 50-0665 in the amount of \$424.00.
- The Commissioner is hereby authorized to charge fees under 37 CFR §1.16 and §1.17 which may be required, or credit any overpayment to Deposit Account 50-0665.

Respectfully submitted,

*Judy M.*  
Judy M. Mohr  
Registration No. 38,563

Date: 11/9/01

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